

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)**

Building address 1304 Spring St., Bethlehem, PA 18018

Owner of building Catholic Senior Housing & Health Phone [REDACTED]

Owner's email & mailing address [REDACTED]

Applicant Randal Wadsworth Phone: [REDACTED]

Applicant's email & mailing address [REDACTED]

Street and Number 1200 Spring St. City Bethlehem State PA Zip Code 18018

**APPLICANT MUST ATTEND MEETING FOR CASE TO BE HEARD.**

**USE THE CHECKLIST ON THE BACK OF THIS APPLICATION TO ENSURE YOUR SUBMISSION IS COMPLETE.**

*Historic & Architectural Review Board – Application form, photographs, and drawings must be submitted 2 weeks prior to the regular scheduled meeting in order to be placed on the agenda for the next meeting.*

*South Bethlehem & Mount Airy Historic Conservation Commission - Application form, photographs, and drawings must be submitted 2 weeks prior to the regular scheduled meeting in order to be placed on the agenda for the next meeting.*

**1. PHOTOGRAPHS** - Photographs of your building and neighboring buildings **must accompany** your application.

**2. TYPE OF WORK PROPOSED** – Check all that apply. Please bring any samples or manufactures specifications for products you will use in this project.

- |                                                                   |                                         |
|-------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Trim and decorative woodwork             | <input type="checkbox"/> Skylights      |
| <input type="checkbox"/> Siding and Masonry                       | <input type="checkbox"/> Metal work     |
| <input checked="" type="checkbox"/> Roofing, gutter and downspout | <input type="checkbox"/> Light fixtures |
| <input type="checkbox"/> Windows, doors, and associated hardware  | <input type="checkbox"/> Signs          |
| <input type="checkbox"/> Storm windows and storm doors            | <input type="checkbox"/> Demolition     |
| <input type="checkbox"/> Shutters and associated hardware         | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Paint (Submit color chips – HARB only)   |                                         |

**3. DRAWINGS OF PROPOSED WORK** – Required drawings **must accompany** your application. Please submit **ONE ORIGINAL AND TEN (10) COPIES OF DRAWINGS, PHOTOGRAPHS, APPLICATION FORM, AND ANY SPECIFICATIONS**

- Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)
- New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)
- A scale drawing, with an elevation view, is required for all sign submittals

**4. DESCRIBE PROJECT** – Describe any work checked in #2 and #3 above. Attach additional sheets as needed.

See Attached :

**5. APPLICANT'S SIGNATURE**

*[Handwritten Signature]*

DATE: 10/10/19

Describe Project:

- Remove existing slate roof that has deteriorated and no longer has a useful life. Dispose of all slate and damaged roofing material properly.
- Remove existing metal edge & any loose fasteners from roof surface to provide smooth application of new GAF Slateline Designer Shingles.
- Replace any damaged wood if necessary.
- Furnish and install Ice and water shield to all valleys and gutter edges
- Furnish and install new Titanium UDL 30 synthetic underlayment over decking where Ice & water shield is not necessary.
- Install ridge vent under new roofcaps to improve ventilation and increase life expectancy of roof.
- Furnish and install new copper step flashing as needed.
- Furnish and install new prefabricated rubber pipe boot to all vent pipes.
- Furnish and install new metal drip edge. Color to match existing.















































